

OFFICIAL

PRIOR AUTHORIZATION PRACTICES UTILIZED IN THE ADMINISTRATION OF THE
RHODE ISLAND MEDICAL ASSISTANCE PROGRAM

1. Inpatient Hospital Services - Prior authorization is required for elective surgical procedures of a cosmetic nature which must be performed for functional purposes.

Prior authorization is required for Hospital Admissions for the following elective surgical procedures:

Tonsillectomy and adenoidectomy with or without Myringotomy;

Uterine Dialation and Curettage with or without cervical biopsy and/or cauterization; and

Ganglionectomy.

Prior authorization is required for provision of Dental Services on an in-patient hospital basis.

Prior authorization is required for the assignment of more than 5 Administratively necessary days per hospitalization.

Prior authorization must be obtained from the Medical Assistance Program for the payment of all out-of-state medical and hospital services with the following exceptions:

- a. Emergency medical treatment and hospital services;
 - b. Treatment provided by hospitals and practitioners located in close proximity to the Rhode Island state line (e.g., Attleboro, Seekonk, Fall River, New London, etc.); and
 - c. Medical and hospital treatment provided children in Foster Care residing with families located outside the State of Rhode Island or in out-of-state residential treatment centers.
- 2.b. Rural Health Clinic - The prior authorization requirements which are applicable to ambulatory services when provided in other settings will apply to those ambulatory services other than Rural Health Clinic services when provided in a Rural Health Clinic.
 3. Laboratory and X-ray Services - Special diagnostic and therapeutic x-rays not included in x-ray fee schedule require prior authorization.
 - 4.a. Skilled Nursing Facility Services - Prior authorization is required for all admissions.

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- 4.b. Early and Periodic Screening, Diagnosis and Treatment - The prior authorization requirements which are applicable to all other medical services and supplies provided in the Rhode Island Medical Assistance Program apply for EPSDT services.
5. Physicians' Services - Prior authorization required for inpatient hospital visits in excess of 37 daily visits.
- Prior authorization is required for office visits provided by psychiatrists beyond the initial evaluation visit.
- Prior authorization is required for surgical procedures of a cosmetic nature which must be performed for functional purposes.
- Prior authorization required for multiple office visits for chronic and acute diagnosis.
- 7.a.-7.b. Home Health Services - Prior authorization is required for nursing, home health aid and therapy visits in excess of eight per month.
- 7.c. Home Health Services - Prior authorization is required for all medical supplies, equipment and appliances.
10. Dental Services - Prior authorization is required for all services except for emergency and palliative treatment, examination and charting, prophylaxis and x-rays required to achieve a proper diagnosis.
- 12.a. Prescribed Drugs - Prior authorization is required for all injectables (excluding insulin and adrenalin), appetite depressant drugs, central nervous system stimulants, expensive vitamins, hematinics, and lipotropic preparations (selling for over \$10 per 100 tablets, capsules or pint of liquid), and new and/or expensive preparations.
- 12.b. Dentures - Prior authorization is required for all dentures.
- 12.c. Prosthetic Devices - Prior authorization is required for all prosthetic devices.
15. Intermediate Care Facility Services - Prior authorization required for all admissions.

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- 15.b. Intermediate Care Facility Services for the Mentally Retarded -
Prior authorization is required for all admissions.
16. Inpatient Psychiatric Facility Services for Individuals Under 22 Years
of Age - Prior authorization is required for all admissions.
18. Hospice Care Services - Prior authorization required for all services.
- 20.d. Skilled Nursing Facility Services for Patients Under 21 Years of Age-
Prior authorization is required for all admissions.

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